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## \*BIBDATASHEET\*

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SERIAL NUMBER 10/099,822	FILING DATE 03/16/2002  RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO.
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## APPLICANTS

Sheldon S. Chang, Port Jefferson, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/12/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature _____ Initials _____					

## ADDRESS

Prof. Sheldon S. Chang  
 P.O. Box 273  
 Port Jefferson , NY  
 11777

## TITLE

Device for cardiac restoration

FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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